

## OVERVIEW

### OBJECTIVES

The objectives of the Indian Health Service (IHS) health facilities management, health care facilities construction, sanitation facilities construction, and environmental health services programs are: 1) to provide optimum availability of functional, well-maintained IHS and tribally-operated health care facilities and adequate staff housing at health care delivery locations where no suitable housing alternative is available; and 2) to reduce the incidence of environmentally-related illness and injury by: a) determining and addressing factors contributing to injuries; b) working with the tribes to improve environmental conditions; and c) constructing sanitation facilities and ensuring the availability of safe water supply and adequate waste disposal facilities in American Indian and Alaska Native (AI/AN) homes and communities.

Through the provisions of these comprehensive environmental health services and diversified construction programs, the Federal and tribal health care delivery system is enhanced and the individual home and community environments are much improved. Currently, all IHS hospitals and clinics are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The gastroenteric and postneonatal death rates among the AI/AN population have been reduced significantly now that over 85 percent have safe drinking water supplies and sanitary waste disposal systems. Injury prevention efforts of the IHS and tribal programs are also making strides to reduce outpatient visits and hospitalizations. Clearly, these program accomplishments provide significant contributions to the overall IHS health promotion/disease prevention effort.

### FUNDING

The fiscal year (FY) 2000 Indian Health Facilities final appropriations provided \$316,555,000 for IHS facilities/environmental health activities including \$43,433,000 for health care facilities maintenance and improvement (not including an estimated \$4,700,000 in reimbursements; i.e., quarters return funds); \$50,393,000 for health care facilities construction; \$92,117,000 for sanitation facilities construction; \$116,282,000 for facilities and environmental health support (\$56,990,000 for facilities support, \$49,162,000 for environmental health support, and \$10,130,000 for the Office of Environmental Health and Engineering (OEHE) Support); and \$14,330,000 for equipment. The FY 2002 Indian Health Facilities request is \$319,795,000 to provide the services listed above (not including an estimated \$4,700,000 in rent collections called quarters return funds to be available in FY 2002 for operation and maintenance of staff quarters).

### PROGRAM DESCRIPTION

- **Maintenance and Improvement (M&I)**

This budget activity provides resources that the IHS uses for materials and contract services needed: 1) to keep existing Federal and tribal health care facilities and grounds in good repair; 2) to perform preventive maintenance on facilities and equipment; 3) to accomplish needed improvements to existing space so that facilities

will be better suited for delivery of health care services to AI/ANs; 4) to accomplish environmental assessments and remediation of environmental problems; and 5) to demolish health care facilities replaced through Federal funding.

The FY 2001 final appropriation of \$46,331,000 will enable IHS to distribute approximately \$26,375,000 for routine maintenance activities among all IHS and tribal contracted facilities; allocate \$2,993,000 for environmental assessments and remediation, and distribute \$15,466,000 for maintenance and improvement projects to address critical items from IHS' Backlog of Essential Maintenance, Alteration, and Repair (BEMAR); allocate \$998,000 for the Northwest Portland Area AMEX program, and \$499,000 to demolish vacant or obsolete health care facilities replaced through federal funding. All funds are distributed to IHS direct operated and eligible tribal facilities. These on-going activities will be continued in FY 2002.

- **Sanitation Facilities Construction (SFC)**

This budget activity funds construction of water supply and waste disposal facilities for Indian homes and communities, as authorized by the Indian Sanitation Facilities Act, P.L. 86-121.

The proportion of AI/AN homes with essential sanitation facilities (safe water supplies and adequate waste disposal systems) has increased from 20 to 85 percent since the program's inception in 1960. The availability of such facilities among all U.S. populations is approximately 98 percent.

The SFC program is an integral part of the IHS disease prevention initiative and tribal involvement has been the keystone of SFC program success.

Since P.L. 86-121 was passed, the IHS has constructed community and individual water supply and waste disposal systems, which serve more than 243,000 AI/AN homes.

The final appropriation of \$93,617,000 in FY 2001 plus contributed funds will enable the SFC program to provide first-service to an estimated 3,755 additional new/like-new, and existing AI/AN homes; and upgrade service to 11,140 more existing homes. At congressional direction, sanitation facilities deficiencies in AI/AN communities are quantified, rank ordered and submitted annually for review.

Most SFC projects are planned, designed, and managed by IHS engineers and constructed by tribal or non-Indian contractors. Between 75 and 90 percent of the construction is performed by Indian tribes and firms. In addition, a few self-governance tribes/organizations are now providing their own professional engineering services. Considering the extremes in climate and geography often found in Indian country, IHS engineers are uniquely challenged to design appropriate, economical, and uncomplicated facilities in order to ensure continued operation and maintenance and long-term health benefits. To further this end, after construction is complete, engineers, sanitarians, and environmental health technicians continue to provide technical

assistance and training to system operators and individual homeowners. Technical assistance and training efforts, that benefit tribal utility system managers and operators, positively affect the health and well-being of several hundred thousand AI/ANs every year by ensuring that improved water supply and waste disposal services are provided for their homes and communities.

- **Health Care Facilities Construction (HCFC)**

This budget activity funds construction, including equipment, of new and replacement inpatient and ambulatory health care facilities (hospitals, health centers, etc.), staff quarters, and additional space at existing facilities, as required to provide direct health care services to AI/ANs.

The FY 2001 final appropriation of \$85,525,000 provided funding to: continue construction of the Ft. Defiance, Arizona hospital (\$40,026,000); continue construction of the Winnebago, Nebraska hospital (\$12,259,000); complete construction of the Parker, Arizona health center (\$8,310,000); complete design of the Pawnee, Oklahoma health center (\$1,741,000); contribute to the Yukon-Kuskokwim Health Corporation Bethel, Alaska Quarters Project (\$4,989,000); provide new or replacement modular dental units (\$998,000); provide equipment for Joint Venture projects (\$4,989,000); provide for Small Ambulatory Program (\$9,978,000); and assist the Hopi Tribe in providing staff quarters (\$2,235,000). The FY 2002 Budget will enable IHS to finish two major construction projects by fully funding these projects.

The need for each health care facility and staff quarters construction project is assessed through application of comprehensive priority system methodologies. Periodically, Headquarters solicits proposals from the IHS Areas for essential staff quarters needs, and urgently needed new or replacement health care facilities. The proposals are evaluated objectively and ranked according to relative need.

Justification documents are prepared for those ranked highest and, when approved, the projects are placed on the appropriate IHS facilities priority list and funding estimates are included in the 5-year IHS Health Facilities Planned Construction Budget.

The IHS is authorized to construct health facilities by the Snyder Act, 25 U.S.C. 13; and the Indian Health Care Improvement Act, Public Law 94-437. These authorities include inpatient and outpatient facilities, staff quarters, small ambulatory facility construction grants, youth regional treatment centers, joint ventures, and dental units. Also, use of Health Services carryover funds and Medicare/Medicaid funds for construction is authorized.

- **Facilities and Environmental Health Support (F/EHS)**

This budget activity provides resources that the IHS uses to staff and support its Headquarters, Area, district, and service unit activities; i.e., facilities and environmental health activities carried out directly by Federal employees or, in certain cases, indirectly by

tribal contractors. This activity funds all costs for the permanent personnel who manage and implement the IHS health care facilities maintenance and improvement program; the health care facilities new and replacement construction program; the biomedical equipment maintenance and repair program; the sanitation facilities construction program; the environmental health services program; and the real property and health facilities planning programs. In addition, it supports personnel who operate the physical plant at IHS owned health care facilities, and certain non-personnel related operating costs (e.g., utilities).

In order to maintain clear distinction between the three major categories of costs included in this activity, the IHS has established three sub-activities: 1) Facilities Support; 2) Environmental Health Support; and 3) Office of Environmental Health and Engineering Support. These sub-activities are described separately below.

#### Facilities Support

This budget sub-activity funds personnel costs, at the Area and service unit levels, related to planning; justifying; designing; constructing; improving; leasing or renting; operating and maintaining IHS direct-operated (and, for certain purposes, tribal-operated) health care facilities. Also, it funds related Area and service unit operating costs; e.g., utilities, biomedical equipment repair/maintenance, some non-medical building operations, supplies (e.g., filters, fan belts, etc.), and some non-clinical personal property.

The Facilities Support sub-activity was established, in the IHS Appropriations Act of FY 1992, as part of the Facilities and Environmental Health Support activity. The IHS, tribes, and tribal groups operate hospitals, health centers, school health centers, smaller health stations and satellite clinics, youth regional substance abuse treatment centers (YRTC), alcohol and substance abuse program (ASAP) facilities, and staff quarters.

The IHS owns approximately 851 000 square meters of Federal space in hospitals, clinics, staff quarters, and other facilities. In addition, health care delivery and administrative program elements are provided in space leased from Tribes (98 000 square meters) and in GSA assigned space (56 000 square meters).

The tribes operate health care delivery and administrative program elements in approximately 349 000 square meters of space of which all but approximately 27 000 square meters is owned by the tribes.

#### Environmental Health Support

This budget sub-activity funds personnel costs, at the Area, district, and service unit levels, related to providing environmental health services, including injury prevention, to the AI/AN people, to their communities, and to government (tribal, IHS, Bureau of Indian Affairs (BIA), local, etc.) institutions. Also, it funds permanent personnel costs, at the Area, district, and service unit levels, for planning,

designing, and constructing Indian sanitation facilities and providing follow-up technical support and training to AI/AN owners and operators of those systems. In addition, it funds community-based environmental health activities including rabies vaccination clinics, vector control efforts, such as plague and Hanta virus surveillance activities, and targeted community hazard evaluations such as radon monitoring, lead based paint surveys and community environmental health assessments. Funds are also used to fund targeted community injury prevention projects and to fund the development of tribal infrastructure to address identified community injury problems.

In FY 2001, environmental health services provided by IHS Area, district, and service unit environmental health personnel will include such activities as: injury prevention, epidemiological studies, water sampling, vector control activities, food protection surveys, waste disposal investigations/technical assistance, institutional environmental health, and safety evaluations of diagnostic radiographic imaging devices. These activities are continued in the FY 2002.

Especially noteworthy are environmental health services provided in the injury prevention category.

The IHS environmental health staff has lead responsibility for coordinating development and implementation of community-based prevention measures to address the problem of injuries, which is the leading killer of AI/ANs age 0 to 44 years.

An encouraging downward trend in injury death rates for AI/ANs is being achieved as a result of this increased attention. Given these successes, the IHS has implemented a 5-year Indian Injury Prevention Plan (Immunizing Against the Injury Epidemic).

Once completed, sanitation projects initiated in FY 2001 will provide essential sanitation facilities to 450 new, HUD-sponsored housing units, 290 BIA-sponsored units, 3,015 units constructed by tribes and other entities, and 1,750 first service existing homes (total: 5,505 first service housing units). In conjunction with providing sanitation facilities for the first time to the homes listed above, systems serving 9,390 previously served (existing) homes are to be upgraded.

#### Office of Environmental Health and Engineering (OEHE) Support

This budget sub-activity is used to fund personnel costs, at IHS Headquarters including two divisions of Engineering Services (ES), for direct support/management of the full array of services and activities funded by the Facilities appropriation.

The engineers, architects, sanitarians, health facilities planners, leasing/contract specialists, real property managers, and support personnel who work in Headquarters provide technical and management services required to design, construct, operate, and maintain efficient, accessible, and serviceable health care facilities and staff quarters; address IHS leasing/rental requirements; provide appropriate injury prevention and environmental health services and

construct sanitation facilities for Indian homes and communities; meet all legal and policy requirements for financial and program accountability; and develop long-range staffing and programmatic goals to ensure continued program effectiveness.

In FY 2001, OEHE Headquarters and ES staff will complete engineering technical reports, surveys, and studies; award major health care facility design/construction contracts including modifications; process IHS and GSA leases; hold tribal and Federal employee training courses; and manage active health care facilities design/construction projects.

- **Equipment**

This budget activity funds the purchase and replacement of new medical equipment for Federal and tribal health care facilities.

In FY 1995, Congress created this activity to consolidate funds for medical equipment in the Facilities appropriation. The current IHS medical equipment inventory is approximately \$306 million. Of the \$16,294,000 final appropriation in FY 2001, \$10,794,000 will be used to address sustaining this inventory by replacement of medical equipment, \$500,000 to replace tribal ambulances, and \$5,000,000 will be used to provide equipment for new tribally built facility space. The FY 2002 Budget enables IHS to provide equipment at the current replacement path.

INDIAN HEALTH FACILITIES  
Summary of Budget Request

	2000 <u>Actual</u>	2001 <u>Appropriation</u>	2002 <u>Estimate</u>	2002 Est. +/- <u>2000 Actual</u>	2002 Est. +/- <u>2001 Approp.</u>
Budget Authority..	\$316,555,000	\$363,103,000	\$319,795,000	+\$3,240,000	-\$43,308,000
FTE.....	1,234	1,271	1,279	+45	+8

The FY 2002 budget request of \$319,795,000 and 1,279 FTE reflects a decrease of -\$43,308,000 and increase of 8 FTE over the FY 2001 appropriation of \$363,103,000 and 1,271 FTE.

FY 2001 Current Services: +\$43,217,000 and 8 FTE

The IHS is requesting an increase of \$43,217,000 for Current Services which includes funding for pay raises, Tribal Pay Cost, inflation, new staffing and related operating costs for new facilities, and health care facilities replacement construction projects. The current services increase of \$43,217,000 includes the following:

- 4,313,000 for pay related cost.
- \$172,000 Inflation Tribal Pay Cost
- 1,164,000 and 8 FTE for Phasing-In of Staffing and Operating Cost for new facilities.
- \$37,568,000 for Health Care Facilities Construction.

Program Decrease: -\$86,525,000

- -\$85,525,000 for Non-recurring Health Care Facilities Construction Funds.
- -\$1,000,000 One-Time Projects: Maintenance & Improvement (AMEX).

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